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21839 75	590 11/16/	2010	11					
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			1	. ,				(Date)
APPLICATION NO.	ION NO. FILING DATE		FIRST NAMED INVENT	OR	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/577,556 10/30/2006		Jochen Mast		1034193-000052		8187		
TITLE OF INVENTION: R	OTARY TRANSFOR	MER	,					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	REV. PAID ISSUE FEE TOTA		I	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	0)2/16/2011
EXAMINER		ART UNIT	CLASS-SUBCLASS					
NGUYEN, TUYEN T		2832	336-130000					
1. Change of correspondenc CFR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	dence address (or Char 22) attached, tion (or "Fee Address"	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) ABB RESEARCH LTD ZURICH, SWITZERLAND								
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government								
Please check the appropriate	e assignee category or	categories (will not be pr	inted on the patent):	☐ Individual ☐ C	orporation	n or other private gro	up entity	Government
4a. The following fee(s) are Issue Fee Publication Fee (No s Advance Order - # of	small entity discount p	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4800 (enclose an extra copy of this form).						
5. Change in Entity Status a. Applicant claims S	·		b. Applicant is no	onger claiming SMA	LL ENTI	TY status. See 37 CF	R 1.27(g)	(2).
NOTE: The Issue Fee and P interest as shown by the reco	ublication Fee (if requ	ired) will not be accepted	I from anyone other that	n the applicant; a reg	istered att	orney or agent; or th	e assignee	or other party in
Authorized Signature	Tay (Date Fe	bruary	y 11, 2011			
Typed or printed name _	Patrick C.		Registration No. 32,858					
This collection of informatic an application. Confidential submitting the completed at this form and/or suggestions Box 1450, Alexandria, Virg Alexandria, Virginia 22313-Under the Paperwork Reduc	11118 22313-1430. DO 1450.	NOT SEND FEES OR (COMPLETED FORMS	TO THIS ADDRES	5. SEND	10; Commissioner i	or Patents	SPTO to process) g, preparing, and juire to complete Commerce, P.O. J. P.O. Box 1450,

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